

**STATE OF NEW HAMPSHIRE
DEPARTMENT OF LABOR**
PO Box 2076
Concord, NH 03302-2076

WORKERS' COMPENSATION SELF-INSURANCE APPLICATION

The undersigned employer intends to pay direct the benefits in manner, amounts, and when due as provided by the Workers' Compensation Law, RSA 281-A, as amended, and all rules and regulations promulgated thereunder, and submits, for the purpose of obtaining authorization, the following information:

Name of Employer _____

State of Incorporation _____

Principal office in NH _____

Principal office outside NH _____

Names, titles and addresses of owners, officers or members conducting the business _____

How long in business in NH (years) _____

If employer is a subsidiary, name of parent company _____

Give location of all establishments in NH and their principal functions. (Use additional sheets if necessary) _____

Balance Sheet Data (Annual Report may be substituted in lieu thereof)

Cash	_____	Accounts Payable	_____
Accounts Receivable	_____	Notes Payable	_____
Realty Encumbrances	_____	Mortgages	_____
Inventory	_____	Bonds	_____
Real Estate	_____	Capitol Stock	_____
Machinery	_____	Surplus	_____
Furniture and Fixtures	_____		
Patent rights, Trademarks,			
Copyrights	_____		
Goodwill	_____		
TOTAL	_____	TOTAL	_____

NEW HAMPSHIRE REALTY

LOCATION

EQUITY

(Use additional sheets if necessary)

Classification Of Operation	Code Number	Number of Employees	Last Year's Payroll	Next Year's Estimated Payroll
TOTAL				

GUARANTEE PROPOSAL

TYPE	AMOUNT
Surety Bond	\$ _____
Deposit of Cash	\$ _____
Deposit of Securities	\$ _____
Excess Insurance Per Loss	\$ _____
Aggregate Excess Insurance	\$ _____
Letter of Credit	\$ _____
Parent Company Support	\$ _____
TOTAL	\$ _____

Amount of risk retention;

Attaching point of excess insurance;

Do you maintain a dispensary or other first aid facility in each establishment?

If so, describe the equipment, personnel and service available;

If not, state what arrangements you have made to provide medical services to injured employees;

Do you agree without any reservation, to notify this department immediately of any change in financial circumstances, which might impair your ability to satisfy any and all liability, which you may incur as a self-insurer?

Do you agree without any reservation, to comply fully with the said statute and any rule or regulation promulgated thereunder, and to furnish the department readily with needed information?

I/We the undersigned state that I/We have examined the information contained herein and find it to be true.

**Subscribed to this day of 20 , under
the penalties of perjury.**

Signature

Title
